

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director



BOARD OF SUPERVISORS

GLORIA MOLINA
MARK RIDLEY-THOMAS
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601
Fax: (213) 386-1297

December 17, 2013

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**AUTHORIZATION FOR A SOLE SOURCE AMENDMENT TO THE LEGAL ENTITY AGREEMENT
WITH
VIP COMMUNITY MENTAL HEALTH CENTER
(FIRST DISTRICT)
(3 VOTES)**

SUBJECT

Request approval to amend existing Department of Mental Health Legal Entity Agreement with VIP Community Mental Health Center, Inc. to add comprehensive in-depth case analysis, consultation and recommendations on the handling and prosecution of elder and dependent adult abuse cases.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and authorize the Director of Mental Health (Director), or his designee, to prepare, sign, and execute an amendment, substantially similar to Attachment I, to the existing Department of Mental Health (DMH) Legal Entity (LE) Agreement with VIP Community Mental Health Center, Inc. (VIP CMHC) to provide case analysis, consultation and recommendations on elder and dependent adult abuse cases. The amendment will be effective January 1, 2014, and will increase the Maximum Contract (MCA) by \$75,000, fully funded by Intrafund Transfer from Department of Community and Senior Services, for a revised MCA of \$7,579,440 in Fiscal Year (FY) 2013-14. The amendment will also extend the term of the existing Agreement for one additional year from July 1, 2014 to June 30, 2015.
2. Delegate authority to the Director, or his designee, to prepare, sign, and execute future amendments to the VIP CMHC LE Agreement and establish as a new MCA the amount requested in Recommendation 1, and to further amend this LE Agreement as necessary, provided that: 1) the

County's total payments to this contract provider in any fiscal year will not exceed an increase of 20 percent from the MCA which the Board is being asked to approve in Recommendation 1; 2) any such increase will be used to provide additional services or to reflect program and/or policy changes; 3) your Board has appropriated sufficient funds for all changes; 4) approval as to form by County Counsel is obtained prior to any such amendment; 5) County and Contractor may, by written amendments, reduce programs or services and revise the applicable MCA, provided that any amendments which reduce programs do not impact the 20 percent limitation; and 6) the Director, or his designee, notifies your Board and the Chief Executive Officer (CEO) of Agreement changes in writing within 30 days after execution of each amendment.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval of the recommended actions will allow DMH to amend its LE Agreement with VIP CMHC to provide case analysis, consultation and recommendations on elder and dependent adult abuse cases. VIP CMHC is the current operator of the Los Angeles County Elder Abuse Forensic Center. Since 2006, this center has been the operational base of a multi-disciplinary team that provides expertise and comprehensive in-depth case analysis, consultation and recommendations on the handling and prosecution of elder and dependent adult abuse cases. Core team members include a Forensic Neuropsychologist, a geriatrician, as well as representatives from the Los Angeles Police Department, Sheriff's Department, District Attorney's Office, City Attorney's Office, Adult Protective Services, Office of the Public Guardian, DMH GENESIS Program, and the Los Angeles County Victim Witness Assistance Program.

Implementation of Strategic Plan Goals

The recommended actions support the County's Strategic Plan Goal 3, Integrated Services Delivery.

FISCAL IMPACT/FINANCING

The amendment in the amount of \$75,000 will allow VIP CMHC to provide case analysis, consultation and recommendations on elder and dependent adult abuse cases in FY 2013-14. The revised MCA for VIP CMHC will be \$7,579,440. The amendment is fully funded by Intrafund Transfer from Department of Community and Senior Services.

Sufficient appropriation is included in DMH's FY 2013-14 Final Adopted Budget for this amendment.

Funding for future years will be included in DMH's annual budget request process.

There is no impact on DMH's net County cost for this action. The Department of Community and Senior Services was provided Net County Cost (NCC) to fund these services.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

VIP CMHC is the current operator of the Los Angeles County Elder Abuse Forensic Center. Since 2006, this center has been the operational base of a multi-disciplinary team that provides expertise and comprehensive in-depth case analysis, consultation and recommendations on the handling and prosecution of elder and dependent adult abuse cases, and assisted/evaluated approximately 1,000

victims of elder and dependent abuse.

The multi-disciplinary team, led by a Forensic Neuropsychologist, provides neuropsychological evaluations of victims for protection and prosecution purposes, capacity declarations, testimony in court, continuous collaboration with all team members, as needed training to public and private entities, among other tasks. The center affords a higher likelihood that the elder will be protected and there will be a successful prosecution, and a lower likelihood that the case will come back through the system.

Since 2006, this center has been funded through private funding; however, this funding was exhausted in October 2013. As the critical services provided through the center are desired to be maintained, \$150,000 in NCC was approved in the Department of Community and Senior Services FY 2013-14 Supplemental Budget.

Through the continued use of VIP CMHC, services will continue as quickly as possible so there is seamless delivery of services to this population. In addition, as the existing operator and through sustaining the existing multidisciplinary team and services at the Forensic Center, it is believed it would be more costly in time and funding to seek a new service provider.

The required Sole Source Checklist, which identifies and justifies the need for sole source contract actions, has been reviewed and approved by CEO (Attachment II),

In accordance with your Board Policy Manual, Section 5.120, Authority to Approve Increases to Board-Approved Contract Amounts, DMH notified your Board on November 26, 2013 (Attachment III), identifying and justifying the need for requesting a percentage increase exceeding 10 percent.

The attached Amendment format has been approved as to form by County Counsel. DMH staff will administer and monitor the Agreement and ensure that agreement provisions and Departmental policies are followed.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The recommended actions will allow VIP CMHC to continue to provide case analysis, consultation and recommendations on elder and dependent adult abuse cases.

The Honorable Board of Supervisors

12/17/2013

Page 4

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mg Southard". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

MARVIN J. SOUTHARD, D.S.W.

Director of Mental Health

MJS:MM:ST:RK:S

C

Enclosures

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Chairperson, Mental Health Commission
Community and Senior Services

ATTACHMENT I

CONTRACT NO. MHxxxx

AMENDMENT NO. 1

THIS AMENDMENT is made and entered into this 17th day of December, 2013, by and between the COUNTY OF LOS ANGELES (hereafter "County") and VIP Community Mental Health Center, Inc. (VIP CMHC) (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated December 17, 2013, identified as County Agreement No. MHXXXXX, as subsequently amended (hereafter "Agreement"); and

WHEREAS, for Fiscal Year (FY) 2013-14, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, for FY 2013-14, County and Contractor intend to amend Agreement to provide case analysis, consultation and recommendations on elder and dependent adult abuse cases; and

WHEREAS, **effective January 1, 2014**, County and Contractor intend to amend Agreement to **add** CSS Forensic Center Services (Non Medi-Cal/Non Healthy Families) Program funded funds in the amount of **\$75,000**; and

WHEREAS, County and Contractor intend to amend Agreement to add Service Exhibit XX – "Comprehensive Neuropsychological Evaluations of Elders and Dependent Adults", which is attached hereto;

WHEREAS, for FY 2013-14, the revised Maximum Contract Amount will be **\$7,579,440**.

NOW THEREFORE, County and Contractor agree that Agreement shall be amended effective January 1, 2014, only as follows:

1. For FY 2013-14, CSS Forensic Center Services (Non Medi-Cal/Non Healthy Families) funds are **added** in the amount of **\$75,000**.
2. Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraph D (REIMBURSEMENT IF AGREEMENT IS AUTOMATICALLY RENEWED) Subparagraphs (1) (Reimbursement For First Automatic Renewal Period) shall be deleted in its entirety and the following substituted therefor:

"D. REIMBURSEMENT IF AGREEMENT IS AUTOMATICALLY RENEWED

(1) Reimbursement For First Automatic Renewal Period: The Maximum Contract Amount for the First Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) of the DMH Legal Entity Agreement shall not exceed **SEVEN MILLION FIVE HUNDRED SEVENTY NINE THOUSAND FOUR HUNDRED AND FORTY DOLLARS (\$7,579,440)** and shall consist of Funded Programs as shown on the Financial Summary."

4. Financial Summary for FY 2013-14, shall be deleted in its entirety and replaced with Financial Summary - ____ for FY 2013-14 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary for FY 2013-14, shall be deemed amended to state "Financial Summary - ____ for FY 2013-14."
5. Attachment V, Service Delivery Site Exhibit ____, shall be deleted in its entirety and replaced with Attachment V, Service Delivery Site Exhibit _____ attached hereto and incorporated herein by reference. All references in Agreement to

Attachment V, Service Delivery Site Exhibit_____ shall be deemed amended to state "Attachment V, Service Delivery Site Exhibit_____."

6. Attachment VI, Service Exhibits - __, shall be deleted in their entirety and replaced with Attachment VI, Service Exhibits - __ attached hereto and incorporated herein by reference. All references in Agreement to Service Exhibits - __, shall be deemed amended to state "Service Exhibits - __."
7. Service Exhibit, XXX, shall be added and is attached hereto and incorporated herein by reference.
8. Contractor shall provide services in accordance with Contractor's FY 2013-14 Negotiation Package for this Agreement and any addenda thereto approved in writing by County's Director of Mental Health or his designee.
9. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

/

/

/

/

/

/

/

/

/

/

/

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health, or his designee, and Contractor has caused this Amendment to be subscribed on its behalf by its duly authorized officer, on the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
MARVIN J. SOUTHARD, D.S.W.
Director of Mental Health

VIP Community Mental Health Center,
Inc. (VIP CMHC)

CONTRACTOR

By _____

Name _____

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By _____
Chief, Contracts Development
and Administration Division

SC: FY2013-14 VIP amendment CSS\$150K

Financial Summary

Contractor Name: VIP Community Mental Health Center, Inc. (VIP CMHC)
 LE Number: 01044
 Agreement Period: July 1, 2013 through June 30, 2014
 Fiscal Year: 2013-14

DMH Legal Entity Agreement - Attachment III
 The Financial Summary -
 Amendment Number - 1
 Amendment Date: 12/17/2013

A	B	C	D	E
Rank	Funded Programs	Medi-Cal Reimbursable (Y/N) ¹	Match Funds	Funded Program Amount (Gross Dollars)
CATEGORICALLY FUNDED PROGRAMS (100-349)				
100N	Family Preservation Program	N		\$ -
130N	Specialized Foster Care - DCFS MAT (Non Medi-Cal/Non Healthy Families)	N		24,000
130M	Specialized Foster Care - Child Welfare Services (Medi-Cal/Healthy Families)	Y	147,686	2,168,665
131N	Group Home Aftercare Services (Non Medi-Cal/Non Healthy Families)	N		-
131M	Group Home Aftercare Services (Medi-Cal/Healthy Families)	Y	-	-
132N	First 5 (Non Medi-Cal/Non Healthy Families)	N		23,932
132M	First 5 (Medi-Cal/Healthy Families)	Y	24,000	48,000
140N	Comprehensive SOC Program (SAMHSA, CFDA #93.958)	N		-
141N	Child MH Initiative-Project ABC (SAMHSA, CFDA #93.104)	N		-
142N	Family Wellness Network (SAMHSA, CFDA #93.243)	N		-
150N	Juvenile Justice Program (STOP)	N		-
151N	Juvenile Justice Program (JJCPA -- MHSAT)	N		-
152N	Juvenile Justice Program (JJCPA -- MST)	N		-
153N	Juvenile Justice Program (Co-occurring Disorder)	N		-
154N	Juvenile Justice Program (FFT) (Non Medi-Cal/Non Healthy Families)	N		-
154M	Juvenile Justice Program (FFT) (Medi-Cal/Healthy Families)	Y	-	-
160N	Path McKinney, CFDA #93.150	N		-
170N	Homeless Services (Non Medi-Cal/Non Healthy Families)	N		-
170M	Homeless Services (Medi-Cal/Healthy Families)	Y	-	-
171N	Post-Release Community Supervision-Community Reintegration Program (Non Medi-Cal/non Healthy Families)	N		-
171M	Post-Release Community Supervision-Community Reintegration Program (Medi-Cal/Healthy Families)	Y	-	-
180N	CalWORKs	N		-
181N	CalWORKs Homeless Family Project	N		-
182N	GROW	N		-
190N	PES Relief Plan (Non Medi-Cal/Non Healthy Families)	N		-
190M	PES Relief Plan (Medi-Cal/Healthy Families)	Y	-	-
300N	DCFS Medical Hubs (VIP)	N		336,181
301M	DCFS Starview PHF	Y	-	-
302N	DCFS Independent Living (Hillview)	N		-
303N	DCFS THP (HFLF)	N		-
304M	DCFS 2011 Realignment	Y	-	-
310N	DHS Social Model (Dual Diagnosis)	N		-
311N	DHS LAMP (Dual Diagnosis)	N		-
312N	DHS BHS (Dual Diagnosis)	N		-
320N	Juvenile Justice Program/Title IV-E - MST (Non Medi-Cal/Non Healthy Families)	N		-
320M	Juvenile Justice Program/Title IV-E - MST (Medi-Cal/Healthy Families)	Y	-	-
330N	Other Employment Services/CCJCC (SSG)	N		-
340N	CGF IMD Step Down (Non Medi-Cal/Non Healthy Families)	N		-
340M	CGF IMD Step Down (Medi-Cal/Healthy Families)	Y	-	-
350N	CSS Forensic Center Services (Non Medi-Cal/Non Healthy Families)	N		75,000
FEDERAL/STATE (360)				
360M	Federal/State Revenue	Y		-
CGF FUNDED PROGRAMS (400-499)				
400N	DMH (Non Medi-Cal/Non Healthy Families)	N		-
400M	DMH (Medi-Cal/Healthy Families)	Y	128,684	1,866,036
MENTAL HEALTH SERVICES ACT (MHSA) PROGRAMS (500-899)				
500N	Full Service Partnerships (Non Medi-Cal/Non Healthy Families)	N		-
500M	Full Service Partnerships (Medi-Cal/Healthy Families)	Y	-	-
510N	FCCS (Non Medi-Cal/Non Healthy Families)	N		-
510M	FCCS (Medi-Cal/Healthy Families)	Y	-	-
520N	Wellness Centers (Non Medi-Cal/Non Healthy Families)	N		-
520M	Wellness Centers (Medi-Cal/Healthy Families)	Y	-	-
530N	Alternative Crisis Services (Non Medi-Cal/Non Healthy Families)	N		-
530M	Alternative Crisis Services (Medi-Cal/Healthy Families)	Y	-	-
540N	IMD Step-Down (Non Medi-Cal/Non Healthy Families)	N		-
540M	IMD Step-Down (Medi-Cal/Healthy Families)	Y	-	-
600N	Prevention & Early Intervention Programs (Non Medi-Cal/Non Healthy Families)	N		86,791
600M	Prevention & Early Intervention Programs (Medi-Cal/Healthy Families)	Y	233,777	2,950,835
700N	Innovation Programs (Non Medi-Cal/Non Healthy Families)	N		-
700M	Innovation Programs (Medi-Cal/Healthy Families)	Y	-	-
800N	Probation Camps	N		-
810N	Jail Transition & Linkage	N		-
820N	Planning, Outreach & Engagement	N		-
Maximum Contract Amount				\$ 7,579,440

¹Medi-Cal reimbursable reflects DMH program guidelines in addition to applicable state and federal regulations.

Service Delivery Site Exhibit

LEGAL ENTITY NO.: _____ PERIOD: _____

*Legend: Adult Systems of Care (A)
Child, Youth and Family Program Administration (C)
Critical Care (CC)
Court Programs (CP)
Older Adult Program (OA)
Transition Age Youth (TAY)
Homeless (H)
Managed Care (MC)

**DMH LEGAL ENTITY AGREEMENT
ATTACHMENT VI**

SERVICE EXHIBITS

A duplicate original of the Service Exhibit(s) will be on file in the Department of Mental Health's Contracts Development and Administration Division and is deemed incorporated herein by reference as though fully set forth, and will be made available to interested persons upon request.

	<u>DESCRIPTION</u>	<u>CODES</u>
8	<u>Targeted Case Management Services (Rehab. Option)</u>	<u>104-A</u>
9	<u>Short-Term Crisis Residential Services (Forensic)</u>	<u>201</u>
10	<u>Crisis Stabilization Services (Rehab. Option)</u>	<u>202-A</u>
11	<u>Vocational Services</u>	<u>304-A</u>
12	<u>Day Rehabilitation Services (Adult) (Rehab. Option)</u>	<u>308-B</u>
13	<u>Day Rehabilitation Services (Children/Adolescents) (Rehab. Option)</u>	<u>309-B</u>
14	<u>Day Treatment Intensive Services (Adult) (Rehab. Option)</u>	<u>310-B</u>
15	<u>Day Treatment Intensive Services (Children/Adolescents) (Rehab. Option)</u>	<u>311-B</u>
16	<u>Mental Health Services (Rehab. Option)</u>	<u>402</u>
17	<u>Medication Support Services (Rehab. Option)</u>	<u>403</u>
18	<u>Crisis Intervention Services (Rehab. Option)</u>	<u>404-A</u>
19	<u>Mental Health Service Treatment Patch (La Casa)</u>	<u>405</u>
20	<u>Therapeutic Behavioral Services</u>	<u>406-A</u>
21	<u>Outreach Services</u>	<u>501-A</u>
22	<u>Outreach Services (Suicide Prevention Services)</u>	<u>502-A</u>
23	<u>Intensive Skilled Nursing Facility Services</u>	<u>601</u>
24	<u>Mental Health Rehabilitation Centers (La Casa Mental Health Rehabilitation Center)</u>	<u>602</u>
25	<u>Intensive Skilled Nursing Facility Services (La Paz)</u>	<u>603</u>
26	<u>Intensive Skilled Nursing Facility Services Forensic Treatment</u>	<u>604</u>
27	<u>Skilled Nursing Facilities (Psychiatric Services)</u>	<u>605</u>
28	<u>Skilled Nursing Facility – Special Treatment Program Services</u>	
29	<u>(SNF-STP/Psychiatric Services)</u>	<u>608</u>
30	<u>Intensive Skilled Nursing Facility Services – Enhanced Treatment Program (ETP)</u>	<u>609</u>
31	<u>Socialization Services</u>	<u>701-A</u>
32	<u>Life Support Services</u>	<u>801</u>
33	<u>Case Management Support Services</u>	<u>802-A</u>
34	<u>Case Management Support Services (Forensic)</u>	<u>803-A</u>
35	<u>Case Management Support Services (Children & Youth)</u>	<u>804-A</u>
36	<u>Life Support Services (Forensic)</u>	<u>805</u>
37	<u>Independent Living Services</u>	<u>901</u>

**DMH LEGAL ENTITY AGREEMENT
ATTACHMENT VI**

1	<u>Local Hospital Services</u>	902	_____
2	<u>Semi-Supervised Living Services</u>	904	_____
3	<u>Adult Residential Treatment Services (Transitional) (MSHA)</u>	912	_____
4	<u>Adult Residential Treatment Services (Long Term)</u>	913	_____
5	<u>Non-Hospital Acute Inpatient Services (La Casa PHF)</u>	914	_____
6	<u>Comprehensive Adult Residential Treatment Services (Bio-Psycho-Social Services)</u>	915	_____
7	<u>Assertive Community Treatment Program (ACT)</u>	921	_____
8	<u>Psychiatric Inpatient Hospital Services</u>	930	_____
9	<u>Primary Linkage and Coordination Program</u>	1001	_____
10	<u>Service Provisions (Organizational Provider Only)</u>	1003	_____
11	<u>Consumer Run/Employment Program</u>	1005	_____
12	<u>Client Supportive Services (<i>Includes Attachment A Reimbursement Procedures</i></u>		
13	<u><i>and Attachment B Monthly Claim for Cost Reimbursement)</i></u>	1010-A	_____
14	<u>Mental Health 24-Hour Services Interim Placement Funding for Basic Care Services</u>	1011	_____
15	<u>Mental Health 24-Hour Services Children Under Age 18 Basic Services</u>	1012	_____
16	<u>Supportive Services – Residential Programs (<i>Includes Attachment A</i></u>		
17	<u><i>Reimbursement Procedures and Attachment B- Monthly Claim for</i></u>		
18	<u><i>Cost Reimbursement)</i></u>	1013	_____
19	<u>Client Supportive Services-Mental Health Services Act Programs (<i>Includes</i></u>		
20	<u><i>Attachment A - Reimbursement Procedures and Attachment B - Monthly</i></u>		
21	<u><i>Claim for Cost Reimbursement)</i></u>	1014-A	_____
22	<u>Full Service Partnership (FSP)</u>	1015	_____
23	<u>Supportive Services – Intensive Residential Program (<i>Includes Attachment A-</i></u>		
24	<u><i>Reimbursement Procedures and Attachment B - (Monthly Claim for</i></u>		
25	<u><i>Cost Reimbursement)</i></u>	1016	_____
26	<u>Client Supportive Services (New Directions) (<i>Includes Attachment A</i></u>		
27	<u><i>Reimbursement Procedures and Attachment B Monthly Claim for Cost</i></u>		
28	<u><i>Reimbursement)</i></u>	1018	_____
29	<u>Family Support Services</u>	1019	_____
30	<u>Service Extender Stipend Program Mental Health Services Act Programs</u>		
31	<u><i>(Includes Attachment A Reimbursement Procedures and Attachment B</i></u>		
32	<u><i>Monthly Claim for Cost Reimbursement)</i></u>	1020	_____
33	<u>Client Supportive Services Field Capable Clinical Services (FCCS) Mental Health</u>		
34	<u>Services Act Programs (<i>Includes Attachment A Reimbursement Procedures</i></u>		
35	<u><i>and Attachment B Monthly Claim for Cost Reimbursement)</i></u>	1021	_____

**DMH LEGAL ENTITY AGREEMENT
ATTACHMENT VI**

1	<u>Intensive In-Home Mental Health Services</u>	<u>1022</u>	<u> </u>
2	<u>Intensive Treatment Foster Care</u>	<u>1025</u>	<u> </u>
3	<u>One-Time Expenses Associated with Program Development for Intensive</u>		
4	<u>In-Home Evidence Based Practices (<i>Includes Attachment A Reimbursement</i></u>		
5	<u><i>Procedures and Attachment B Monthly Claim Cost Reimbursement</i>)</u>	<u>1026</u>	<u> </u>
6	<u>Outreach and Engagement Services (MHSA Only)</u>	<u>1027</u>	<u> </u>
7	<u>Enriched Residential Services (Alternative Crisis) (Adults)</u>	<u>1028</u>	<u> </u>
8	<u>IMD Step-Down Programs (Adults)</u>	<u>1029</u>	<u> </u>
9	<u>Urgent Care Centers (Alternative Crisis) (Adults)</u>	<u>1030</u>	<u> </u>
10	<u>Client Supportive Services Homeless CalWORKs Families Project (<i>Includes</i></u>		
11	<u><i>Attachment A Reimbursement Procedures and Attachment B Monthly</i></u>		
12	<u><i>Claim for Cost Reimbursement</i>)</u>	<u>1031</u>	<u> </u>
13	<u>Star View-PHF-Supplemental Financial Support</u>	<u>1032</u>	<u> </u>
14	<u>Star View-CTF-Supplemental Financial Support</u>	<u>1033</u>	<u> </u>
15	<u>Field Capable Clinical Services (FCCS)</u>	<u>1035</u>	<u> </u>
16	<u>Suicide Prevention Program Mental Health Services Act (MHSA) Prevention and</u>		
17	<u>Early Intervention (PEI) Plan</u>	<u>1036</u>	<u> </u>
18	<u>One-Time Expenses Associated with Starting a new MHSA Program for PEI Early</u>		
19	<u>Start Suicide Prevention Program (<i>Includes Attachment A-Reimbursement</i></u>		
20	<u><i>Procedures and Attachment B Monthly Claim Cost Reimbursement</i>)</u>	<u>1037</u>	<u> </u>
21	<u>One-Time Expenses Associated with Starting a New MHSA Program for</u>		
22	<u>Urgent Care Center – Exodus Recovery, Inc. (<i>Includes Attachment A</i></u>		
23	<u><i>Reimbursement Procedures and Attachment B Monthly Claim for Cost</i></u>		
24	<u><i>Reimbursement</i>)</u>	<u>1038</u>	<u> </u>
25	<u>PEI Early Intervention EBP programs for Children & TAY</u>	<u>1039</u>	<u> </u>
26	<u>Exodus Recovery, Inc. Urgent Care Center</u>	<u>1040</u>	<u> </u>
27	<u>MHSA Program for Innovation (INN) Plan Integrated Mobile Health Team</u>	<u>1041</u>	<u> </u>
28	<u>Client Supportive Services for MHSA INN Plan Programs</u>	<u>1042</u>	<u> </u>
29	<u>One-Time Expenses Associated with Implementing a New MHSA Program for</u>		
30	<u>Prevention and Early Intervention (PEI) Program (<i>Includes Attachment A</i></u>		
31	<u><i>Reimbursement Procedures and Attachment B Monthly Claim for Cost</i></u>		
32	<u><i>Reimbursement</i>)</u>	<u>1046</u>	<u> </u>
33	<u>Prevention and Early Intervention (PEI) Program (<i>Includes Attachment A</i></u>		
34	<u><i>MHSA PEI Programs Core Interventions and Ancillary Services Guide and</i></u>		
35	<u><i>Attachment B PEI Evidenced Based Practices (EBP) Outcome Measures</i>)</u>	<u>1047</u>	<u> </u>

**DMH LEGAL ENTITY AGREEMENT
ATTACHMENT VI**

1	<u>1115 Waiver Demonstration Project Healthy Way LA Tier II Specialty Mental</u>	
2	<u>Health Services For Adults (19-64 Years Old) for Legal Entity Agreements</u>	
3	<u>Only (<i>Includes Attachment A, Attachment A-1 and Attachment A-2</i>)</u>	1048
4	<u>One – Time Expenses Associated with Starting A New Mental Health Services Act</u>	
5	<u>Innovation Program (<i>Includes Attachment A</i>)</u>	1052
6	<u>MHSA Innovation – Community Designed Integrated Service Management Model</u>	1053
7	<u>MHSA Innovation – Integrated Clinic Model (JWCH – SCHARP only)</u>	1054
8	<u>MHSA Innovation – Integrated Clinic Model (Exodus only)</u>	1055
9	<u>MHSA Innovation – Integrated Clinic Model (SSG only)</u>	1056
10	<u>MHSA Innovation – Integrated Clinic Model (The Los Angeles Free Clinic dba</u>	
11	<u>The Saban Free Clinic & Jewish Services of Los Angeles)</u>	1057
12	<u>MHSA Innovation – Integrated Clinic Model (The Los Angeles Gay & Lesbian Center)</u>	1058
13	<u>Client Supportive Services For Mental Health Services Act Innovation Plan Programs</u>	
14	<u>Integrated Clinic Model (<i>Includes Attachment A</i>)</u>	1059
15	<u>Statement of Work (SOW) CalWORKs Program</u>	1060
16	<u>One-Time Expenses Associated with Starting A New Mental Health Services Act</u>	
17	<u>Prevention And Early Intervention Integrated School Health Centers Program</u>	
18	<u>(<i>Includes Attachment A Reimbursement Procedures and Attachment B</i></u>	
19	<u><i>Reimbursement Claim</i>)</u>	1061
20	<u>SAMHSA Project ABC - Family Wellness Network</u>	1062
21	<u>Family Support Services Enhanced Respite Care Pilot</u>	1063
22	<u>MHSA Innovation – Integrated Peer Run Model: Peer Run Integrated Services</u>	
23	<u>Management (SHARE and MHALA Only)</u>	1064
24	<u>MHSA Innovation – Integrated Peer Run Model: Peer Run Respite Care Home</u>	
25	<u>(SHARE and MHALA Only)</u>	1065
26	<u>Intensive Enhanced Field Capable Clinical Services (IFCCS)</u>	1066
27	<u>Parent–Child Interaction Therapy 0-5 YRS (PCIT)</u>	1067
28	<u>Parent-Child Interaction Therapy 2-5 YRS (PCIT)</u>	1068
29	<u>Client Supportive Services – Homeless Programs (<i>Includes Attachment A –</i></u>	
30	<u><i>Reimbursement Procedures and Attachment B – Monthly Claim for Cost</i></u>	
31	<u><i>Reimbursement</i>)</u>	1069

**COMPREHENSIVE NEUROPSYCHOLOGICAL EVALUATIONS OF ELDERS AND
DEPENDENT ADULTS****VIP Community Mental Health Center, Inc.****Forensic Center Services****MODES OF SERVICE (TBD)****1. OVERVIEW**

Over 70% of elder abuse cases involve financial abuse and need evaluations to determine mental and cognitive capacity. Often safety issues and unpleasant circumstances require involvement with law enforcement and other regulatory agencies. Adult Protective Services (APS), Law Enforcement and the District Attorney's Office, and other core team members refer cases to the Los Angeles County Elder Abuse Forensic Center (LACEAFC) team on a weekly basis. The services are located at VIP Community Mental Health Center, Inc. (VIP CMHC).

The multi-disciplinary team provides neuropsychological evaluations of victims for protection and prosecution purposes, capacity declarations, testimony in court, continuous collaboration with expert core team members, as needed training to public and private entities, among other tasks. The center affords a higher likelihood the elder will be protected and there will be a successful prosecution, and a lower likelihood the case will come back through the system.

2. ELIGIBILITY CRITERIA AND PERSONS TO BE SERVED

The Program targets its services towards elder and dependent adults who are victims of abuse and neglect. The types of abuses include but are not limited to physical, psychological, sexual, financial, and emotional. Neglect includes self-neglect, and neglect by caregivers and others.

3. SERVICE DELIVERY SITE

Services may be provided in the field or office settings. Field based services include but are not limited to the client's home, nursing home, health care facilities, and public and private community organizations, court room settings and at the Forensic Center (FC).

4. ROLE OF NEUROPSYCHOLOGIST

1. Supervises team of psychological experts (associates) to address needs of the FC and conducts forensic evaluations, provides consultation to all county agencies and testify in court. The team of associates includes three (3) licensed psychologists, two of whom are lawyers who bring a vast range of expertise to the FC.
2. Supervises each associate's case from referral to APS, writing and editing report to testifying in court.
3. Provides team with expert reviews of the latest research in mental capacity, decision-making in older and dependent adults, and undue influence to utilize in reports involving capacity and consent.
4. Trains, manages and hires additional staff to coordinate neuropsychological cases referred to FC, provides status updates to FC Project Manager, coordinates capacity declarations and reports to LACEAFC and District Attorney's office and submit monthly time sheet broken down by doctor and case.
5. As a core team member of the LACEAFC, the Neuropsychologist provides valuable forensic neuropsychological input at weekly multidisciplinary meetings. Assists in determining which cases should be evaluated by forensic neuropsychologist, geriatrician or primary care providers with elder abuse experience. Provides outside referral sources (i.e. mental health, attorneys, doctors, judges).
6. Provides education to primary care providers to improve their ability to evaluate and prepare the Declaration Medical Capacity Form.
7. Conducts forensic evaluation and documentation of forensic center clients in their homes. This may include neuropsychological testing, review of legal, law enforcement and medical records, chronology of all records, forensic interviews of clients, family members, attorneys, physicians, and financial advisors.
8. Provides written forensic reports that can be used in many court venues (i.e. criminal court and probate court for victim of crime who may also need to be conserved.)
9. Evaluates clients on an urgent basis in some cases as well as work with an investigative team (law enforcement, public guardian).
10. Evaluates cases in various settings (home, nursing homes) throughout Los Angeles County and often in unpleasant circumstances (i.e. safety issues mandate conduct evaluation with law enforcement, hoarding issues involve going with code and safety team).

11. Assists in the development and presentation of educational materials for law enforcement, first responders, judges, social workers, and other groups as to be determined by the FC team.
12. Assists in collaborative research in the areas of mental capacity, undue influence and elder abuse.
13. Knowledge of writing a forensic report that can be used in many court venues (i.e. criminal court and probate court for victim of crime who may also need to be conserved.)

5. ROLE OF THE PROJECT MANAGER

1. The Elder Abuse Forensic Center Project Manager will be responsible for the day to day oversight of the Los Angeles County Elder Abuse Forensic Center, including running weekly meetings, planning and implementation of any education and training activities, and various administrative duties.
2. Reviews referrals to the FC and schedules referral review dates.
3. Prepares agendas for weekly meetings and distributes agendas to key personnel prior to the meetings.
4. Assists referring source(s) in preparing to present the cases to the FC team.
5. Manages weekly FC meetings, observes time limitations for each case and keeps minutes and notes to summarize the recommendations and action plan for each team member.
6. Informs team members of their responsibilities in each case and gathering the data as it returns on each case.
7. Serves as the FC's primary liaison with partner agencies.
8. Coordinates student internships (i.e. Psychology, Gerontology, Law and Medical) students.
9. Responsible for the planning and implementation of the FC's education and training activities.
10. Responsible for preparing and submitting reports and data to the DMH as required.

6. REIMBURSEMENT GUIDELINES

Invoices shall be submitted to the DMH Older Adult System of Care Bureau. The following documents and procedures are required for Contractor to receive reimbursement:

Contractor shall bill DMH monthly by invoice for services delivered by the Neuropsychologist. The Neuropsychologist billable activities include evaluation and consultation services. Evaluation services may include: forensic evaluation, psychological testing, and preparing reports. Consultation services may include: providing expert testimony, participation on the LACEAFC team, providing information, education, training and supervision. Contractor shall bill the DMH for the Neuropsychologist's evaluation and consultation services in the amount not to exceed more than \$63,868 for the fiscal year. Contractor shall bill DMH for services rendered on an hourly basis. Evaluations services shall be billed at a rate not to exceed \$250.00 per hour. Consultation services shall be billed at a rate not to exceed \$150.00 per hour.

Contractor shall bill DMH monthly by invoice for services delivered by the Project Manager. The Project Manager billable activities may include: reviews and coordinates referrals, schedules and organizes meetings, prepares reports, takes minutes, collects data and other administrative functions. Contractor shall bill the DMH for the Project Manager's services in the amount not to exceed \$72,500 for the fiscal year. The services shall be billed at a rate not to exceed \$6,041 per month.

Contractor shall bill DMH monthly by invoice for indirect costs not to exceed \$13,632. The monthly cost shall be billed at a rate not to exceed \$1,136.

FEE SCHEDULE

Forensic Neuropsychologist	Evaluations Consultations	\$250/hr \$150/hr	\$ 63,868
Project Manager	Monthly Salary and Benefits	\$6,041/ month	\$ 72,500
Indirect Costs		\$1,136	\$ 13,632
	Total		\$150,000

7. DOCUMENTATION REQUIREMENTS FOR REIMBURSEMENT

The following supportive documentation shall be maintained on file in accordance with the Records and Audits paragraph of the Legal Entity (LE) Agreement:

Neuropsychologist

- a. Original reports, training and supervision documents, documents of any participation on the LACEAFC team, etc. that include date and time spent on each of the activities.
- b. Documentation date and time of costs associated with any consultation or evaluation of services.

Project Manager

- a. Documentation of cases referred to the center on a monthly basis.
- b. Documentation of case evaluation meeting minutes, meeting preparation time, conferring with LACEAFC team members, number of cases reviewed, coordination activities, data collection, preparing reports which include summarization of recommendations, and other administrative duties as needed.
- c. Documentation of education and training activities.

8. SUBMISSION OF MONTHLY INVOICES

Contractor shall, on the last day of each month, complete the invoice.

The invoice for reimbursement shall be submitted to:

County of Los Angeles – Department of Mental Health
Older Adult System of Care Bureau
550 S. Vermont Avenue, 6th Floor
Los Angeles, CA 90020
Attention: Bureau Analyst

DMH shall reimburse Contractor for services provided under the DMH's LE Agreement within 60 days from the date on Contractor's invoice.

9. DMH REVIEW AND APPROVAL OF INVOICES

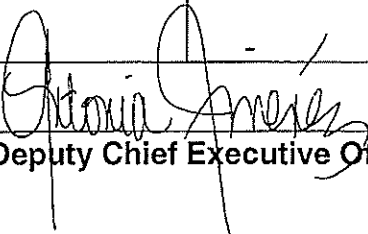
The DMH Older Adult System of Care Bureau Program Manager will review monthly invoices and sign to affirm that the expenditures meet established procedures as indicated on the Service Exhibit. Approved invoices will be forwarded to the DMH Provider Reimbursement Unit for payment. DMH shall

process all completed requests for reimbursement on a monthly basis. The judgment of DMH as to the allow ability of any expenditure shall be final.

10. MONTHLY RECONCILIATION REPORT

Monthly disbursements reports will be generated by the Accounting Division for the Contractor and Program staff to ensure expenditures have not been exceeded. The County shall not be liable for reimbursement of any expenses claimable hereunder in the event that Contractor exceeds its allocation or violates the terms and conditions of these procedures or the LE Agreement.

SOLE SOURCE CHECKLIST

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS <i>Identify applicable justification and provide documentation for each checked item.</i>
	➤ Only one bona fide source for the service exists; performance and price competition are not available.
	➤ Quick action is required (emergency situation).
	➤ Proposals have been solicited but no satisfactory proposals were received.
X	➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	➤ Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.
	➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
X	➤ It is in the best interest of the County, e.g., administrative cost savings, excessive learning curve for a new service provider, etc.
	➤ Other reason. Please explain:
 Deputy Chief Executive Officer, CEO	11/19/13 Date



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



MARVIN J. SOUTHARD, D.S.W.
Director
ROBIN KAY, Ph.D.
Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

November 26, 2013

TO: Each Supervisor
Robin Kay for
FROM: Marvin J. Southard, D.S.W.
Director

SUBJECT: **REQUEST TO INCREASE DELEGATED AUTHORITY PERCENTAGE IN
THE BOARD LETTER TO AMEND LEGAL ENTITY AGREEMENT WITH
VIP COMMUNITY MENTAL HEALTH CENTER**

This memorandum is to comply with Board Policy Manual, Section 5.120, Authority to Approve Increases to Board Approved Contract Amounts. The Policy mandates that any department requesting a percentage increase in delegated authority exceeding ten percent of the total contract amount must provide a detailed justification and advance written notice to your Board, with a copy to the Chief Executive Officer, at least two weeks prior to the Board Meeting at which the proposed contract is to be presented.

The Department of Mental Health (DMH) requests an additional ten percent for a total of twenty percent delegated authority to increase the Maximum Contract Amount of the Legal Entity Agreement with VIP Community Mental Health Center (VIP CMHC), which is being amended via sole source to add comprehensive in-depth case analysis, consultation, and recommendations on the handling and prosecution of elder and dependent adult abuse cases. VIP CMHC is the current operator of the Los Angeles County Elder Abuse Forensic Center since 2006. This request will allow VIP CMHC to sustain the existing multidisciplinary team and services at the Los Angeles County Elder Abuse Forensic Center led by a Forensic Neuropsychologist who provides neuropsychological evaluations of victims for protection and prosecution purposes, capacity declarations, testimony in courts, and continuous collaboration with team members which includes a geriatrician, as well as representatives from the Los Angeles Police Department, County Sheriff's Department, District Attorney's Office, City Attorney's Office, Adult Protective Services, Office of the Public Guardian, GENESIS, and the Los Angeles County Victim Witness Assistance Program. Through the continued use of VIP CMHC, services will continue as quickly as possible so there is seamless delivery of services to this population.

This authority will allow DMH greater capacity to amend contracts for new funding streams and programs/services and implement such programs/services in a timely and expeditious manner. Therefore, in most instances, where speed and response time are of key importance, the objectives to maximize, prioritize, and increase access to services will more effectively meet the County's mission, "To Enrich Lives Through Effective and Caring Service."

Each Supervisor
November 26, 2013
Page 2

Should there be a need to exceed the twenty percent delegated authority, DMH will return to your Board with a request for authority to amend the Legal Entity Agreement accordingly.

If you have any questions or concerns, please contact me, or your staff may contact Richard Kushi, Chief, Contracts Development and Administration Division, at (213) 738-4684.

MJS:RK:MM:RK:sc

c: Health Deputies
Executive Officer, Board of Supervisors
Chief Executive Officer
County Counsel
Robin Kay, Ph.D.
Margo Morales
Deputy Directors
District Chiefs
Kimberly Nall
Richard Kushi